

Application No. (if known): 09/920,093

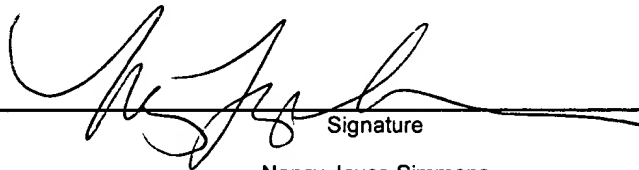
Attorney Docket No.: 04303/100N155-US1

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 441163313 US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on July 20, 2005  
Date



Signature

Nancy Joyce Simmons

Typed or printed name of person signing Certificate

Registration Number, if applicable

212-527-7700  
Telephone Number

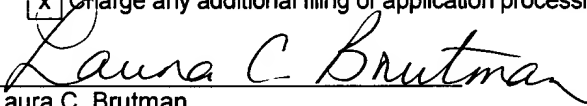
Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment (10 pages)  
Amendment Transmittal (1 page)  
Return Receipt Postcard

OFFICE OF  
JUL 20 2005  
PATENT & TRADEMARK OFFICE

07 22-05

AF 12195  
yzw

AMENDMENT TRANSMITTAL LETTER				Docket No. 04303/100N155-US1	
Application No. 09/920,093-Conf. #4453		Filing Date July 31, 2001		Examiner N. R. Shah	
				Art Unit 2195	
Applicant(s): Keith Reiken					
Invention: METHOD AND APPARATUS TIME-SLICED AND MULTI-THREADED DATA PROCESSING IN A COMMUNICATION SYSTEM					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Laura C. Brutman Attorney Reg. No.: 38,395				Dated: <u>July 20, 2005</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7664					
Express Mail Label No. _____ Dated: _____					

**Dated:**


 In re

**In re Patent Application of:  
Keith Reiken**

Confirmation No.: 4453

Art Unit: 2127

Examiner: N. R. Shah

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## INTRODUCTORY COMMENTS

**Claims** are reflected in the listing of claims which begins on page 2 of this paper.

{W:\04303\100N155000\00480463.DOC {XX}}